

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2011	
NAME OF PROVIDER OR SUPPLIER CRAWFORDSVILLE BICKFORD COTTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 100 BICKFORD LN CRAWFORDSVILLE, IN47933			
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey Dates: September 19, 20, & 21, 2011</p> <p>Facility Number: 003674 Provider Number: 003674 AIM Number: N/A</p> <p>Survey Team: Linda Campbell, RN, TC</p> <p>Census Bed Type: Residential: 24 Total: 24</p> <p>Census Payor Type: Other: 24 Total: 24</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 21, 2011 by Bev Faulkner, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0092	<p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on record review and interview, the facility failed to perform and document fire drills on every shift quarterly for the facility.</p> <p>Findings include:</p> <p>Review on 9/19/11 at 1:00 P.M. of documented fire drills, dated 10/27/10 through 9/19/11, indicated a fire drill had been conducted on 10/27/10 on the day shift; 7/22/11 (no time documented); and 8/19/11 on the day shift. Documentation was lacking related to any other fire drills</p>			R0092	A fire drill took place at the In-Service on 9-23-11. All staff was trained on emergency action required. Subsequent fire drills have been scheduled monthly on rotating shifts for the next 12 months. The fire department was contacted to participate in the October 2011 fire drill.		09/23/2011

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	<p>having been completed.</p> <p>Interview on 9/20/11 at 10:05 A.M., with the Maintenance Supervisor indicated the fire drills had been conducted monthly, but there was no documentation available for review.</p> <p>Interview on 9/20/11 at 10:07 A.M., with the RN Coordinator indicated there was no documentation of any other fire drills available for review.</p> <p>Review on 9/20/11 at 12:30 P.M., of a facility policy and procedure, dated 4/09, provided by the Regional Director, identified as current, and titled "Mandatory Drill Schedule" indicated "...Fire drills shall be performed monthly. This includes each shift having one drill each quarter..."</p>						

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R0119	<p>(d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following:</p> <p>(1) Instructions on the needs of the specialized populations:</p> <p>(A) aged;</p> <p>(B) developmentally disabled;</p> <p>(C) mentally ill;</p> <p>(D) dementia; or</p> <p>(E) children;</p> <p>served in the facility.</p> <p>(2) A review of the facility's policy manual and applicable procedures, including:</p> <p>(A) organization chart;</p> <p>(B) personnel policies;</p> <p>(C) appearance and grooming policies for employees; and</p> <p>(D) residents' rights.</p> <p>(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures.</p> <p>(4) Review of ethical considerations and confidentiality in resident care and records.</p> <p>(5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care.</p> <p>(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation.</p> <p>Based on record review and interview, the facility failed to ensure general and specific orientation of new employees were completed for 3 or 4 new employee files reviewed. (Employees #1, #2, #3).</p>			R0119	<p>No resident was negatively affected by this noncompliance. All current employees have completed orientation including general orientation and job-specific orientation at an In-Service held on 9-23-11. All future employees will receive</p>		09/23/2011

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R0273	<p>Findings include:</p> <p>New employee files were reviewed on 9/20/11 at 1:00 P.M. The review indicated:</p> <p>Employee #1, LPN, hired on 2/23/11 - there was no general or specific job orientations present in the employee file.</p> <p>Employee #2, CNA, hired on 7/12/11 - there was no general or specific job orientations present in the employee file.</p> <p>Employee #3, CNA, hired on 8/3/11 - there was no specific job orientation present in the employee file.</p> <p>Interview on 9/20/11 at 1:00 P.M. , with the Regional Director indicated there were only job descriptions in the employees' files. She indicated "I wouldn't call that an orientation."</p> <p>On 9/21/11 at 8:30 A.M., a facility policy and procedure for new employee orientation was requested from the RN Coordinator. She indicated she was unable to find a policy for orienting new employees.</p> <p>(f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and</p>			R0273	<p>orientation at the time of employment following Bickford Senior Living's policy @214 - Staff Orientation and completing new employee checklist.</p> <p>Based upon surveyor's findings,</p>		09/23/2011

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	<p>record review, the facility failed to handle food safely related to dietary staff washing hands and wearing gloves for 24 of 24 residents eating from the kitchen in the facility.</p> <p>Findings include:</p> <p>On 9/19/11, during the noon meal service, the following observations were made in the kitchen:</p> <p>At 11: 40 A.M., the Dietary Manager put on gloves and got two slices of bread from the wrapper and put them in the toaster. He got items out of drawers and then touched clean plates. He opened the refrigerator door and put containers sitting on the counter back in the refrigerator. He wet a dish cloth in the sink and placed the wet cloth under a cutting board. He picked up the toast from the toaster and placed it on the cutting board. He buttered it and placed it on a resident's plate. He opened the dining room door and then opened the refrigerator door. He placed frozen broccoli into a pan of water and pushed the broccoli into the water with his gloved hand. He touched the mixer, got milk out of the refrigerator, and got a salt container out of the cupboard. At this time it was noted there was a hole in the middle finger of the glove on his right hand. During this observation he did not</p>				<p>an In-Service was conducted for the Kitchen Manager and staff to review the facility policy on Preventing Contamination. A review of the Retail Food Establishment Sanitation Requirements was also conducted to insure that all kitchen staff is appropriately trained on proper hand washing protocol as well as safe food handling. The Director will observe and monitor kitchen staff's safe handling of food and hand washing to ensure compliance with facility policy and state regulations.</p>		

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	<p>remove the glove or wash his hands.</p> <p>At 11:55 A.M., the Dietary Manager, with the same pair of gloves on, picked up a carrot from a pan on the stove and crushed it to determine the doneness. He then put the carrot back in the pan. He took chicken breasts from the oven and transferred them to a different pan. He touched each chicken breast as he transferred them. He then washed his hands and put on a different pair of gloves.</p> <p>At 12:00 P.M., the Dietary Manager opened several cabinet doors and then took meat patties out of the oven. He transferred the meat patties to a different pan, touching each patty during the transfer. He changed the glove on his right hand, but did not wash his hands.</p> <p>At 12:05 P.M., the Dietary Manager opened the door to the dining room and got ice from the ice machine. He did not change his gloves or wash his hands.</p> <p>At 12:10 P.M., the Dietary Manager went to the dishwashing side of the kitchen and got water in a bowl from the sprayer in the sink. He carried the water to the food processor and put in the pureed carrots. He did not change his gloves or wash his hands.</p>				

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	<p>At 12:15 P.M., the Dietary Manager started serving meals from the stove. He touched tomatoes and chicken while putting them on resident's plates. He had not changed his left glove or washed his hands since the 11:55 A.M. observation. He had not changed his right glove since the 12:00 P.M. observation.</p> <p>Interview on 9/19/11 at 1:15 P.M., with the RN Coordinator indicated the dietary manager should have washed his hands.</p> <p>Review of a facility policy and procedure dated 1/99, provided by the RN Coordinator, identified as current, and titled "Preventing Contamination from Hands" indicated "...Hands are to always be washed between the handling of a contaminated item and a clean item..."</p> <p>Review of the "Retail Food Establishment Sanitation Requirements" indicated "...When to wash hands...After handling soiled surfaces, equipment, or utensils...During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks...Before touching food or food-contact surfaces...Before placing gloves on hands..."</p>				

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